

NEWCARE, INC.

903 MAIN AVENUE

CRIVITZ 54114 Phone: (715) 854-2717

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 64

Total Licensed Bed Capacity (12/31/03): 64

Number of Residents on 12/31/03: 63

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

Yes

Yes

Yes

62

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.6
Supp. Home Care-Personal Care	No					1 - 4 Years		36.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.8	More Than 4 Years		25.4
Day Services	No	Mental Illness (Org./Psy)	38.1	65 - 74	11.1			----
Respite Care	Yes	Mental Illness (Other)	4.8	75 - 84	31.7			82.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	9.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.8		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	7.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	20.6	65 & Over	95.2	-----		
Transportation	Yes	Cerebrovascular	7.9		-----	RNs		8.4
Referral Service	No	Diabetes	4.8	Gender	%	LPNs		10.2
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.5	Male	31.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	68.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	6	100.0	280	44	100.0	121	0	0.0	0	13	100.0	152	0	0.0	0	0	0.0	0	63 100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	6	100.0		44	100.0		0	0.0		13	100.0		0	0.0		0	0.0	63	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	15.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	68.3	31.7	63
Other Nursing Homes	33.3	Dressing	1.6	66.7	31.7	63
Acute Care Hospitals	43.1	Transferring	9.5	52.4	38.1	63
Psych. Hosp.-MR/DD Facilities	2.0	Toilet Use	11.1	50.8	38.1	63
Rehabilitation Hospitals	0.0	Eating	47.6	20.6	31.7	63
Other Locations	5.9	*****				
Total Number of Admissions	51	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.8	Receiving Respiratory Care		7.9
Private Home/No Home Health	21.6	Occ/Freq. Incontinent of Bladder	44.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	3.9	Occ/Freq. Incontinent of Bowel	38.1	Receiving Suctioning		0.0
Other Nursing Homes	2.0			Receiving Ostomy Care		1.6
Acute Care Hospitals	17.6	Mobility		Receiving Tube Feeding		1.6
Psych. Hosp.-MR/DD Facilities	2.0	Physically Restrained	1.6	Receiving Mechanically Altered Diets		36.5
Rehabilitation Hospitals	0.0					
Other Locations	7.8	Skin Care		Other Resident Characteristics		
Deaths	45.1	With Pressure Sores	6.3	Have Advance Directives		84.1
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	51			Receiving Psychoactive Drugs		33.3

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.9	84.6	1.14	88.0	1.10	88.1	1.10	87.4	1.11
Current Residents from In-County	87.3	75.5	1.16	72.9	1.20	69.7	1.25	76.7	1.14
Admissions from In-County, Still Residing	43.1	18.9	2.28	20.1	2.14	21.4	2.01	19.6	2.20
Admissions/Average Daily Census	82.3	152.9	0.54	129.5	0.64	109.6	0.75	141.3	0.58
Discharges/Average Daily Census	82.3	154.8	0.53	130.3	0.63	111.3	0.74	142.5	0.58
Discharges To Private Residence/Average Daily Census	21.0	63.8	0.33	52.2	0.40	42.9	0.49	61.6	0.34
Residents Receiving Skilled Care	100	94.6	1.06	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	95.2	93.7	1.02	94.2	1.01	93.1	1.02	87.8	1.09
Title 19 (Medicaid) Funded Residents	69.8	66.0	1.06	66.3	1.05	68.8	1.01	65.9	1.06
Private Pay Funded Residents	20.6	19.0	1.08	21.6	0.96	20.5	1.00	21.0	0.98
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	42.9	31.3	1.37	36.2	1.18	38.2	1.12	33.6	1.28
General Medical Service Residents	9.5	23.7	0.40	21.5	0.44	21.9	0.44	20.6	0.46
Impaired ADL (Mean)	60.6	48.4	1.25	48.4	1.25	48.0	1.26	49.4	1.23
Psychological Problems	33.3	50.1	0.66	53.4	0.62	54.9	0.61	57.4	0.58
Nursing Care Required (Mean)	6.7	6.6	1.03	6.9	0.98	7.3	0.93	7.3	0.92